

## **OVERVIEW OF HOSPITAL CAHPS (HCAHPS)**

The HHS hospital public reporting initiative is a key priority for Secretary Tommy Thompson and Centers for Medicare & Medicaid Services Administrator Tom Scully. As part of this initiative, we intend to create a standard instrument and data collection protocol that can be used by hospitals to collect comparable data that can be used in publicly reporting hospital patients' experience with the care they received.

CMS is currently working with the Agency for Healthcare Research and Quality (AHRQ), another HHS agency, to develop this standard, to be called HCAHPS. AHRQ and its grantees developed a version of CAHPS for the managed care industry that is currently used to assess the care provided by health plans covering over 123 million Americans.

AHRQ has initiated a rigorous process to develop a draft of the HCAHPS survey instrument. They have published a call for measures in the Federal Register, conducted an exhaustive review of existing literature in the area, conducted cognitive testing with sample survey respondents, and obtained stakeholder input. CMS now has a draft instrument from AHRQ that will be tested as part of CMS's three-state hospital pilot project in Maryland, New York, and Arizona.

Contrary to some reports, this instrument is NOT based on any one existing model. This instrument reflects many different inputs and feedback and will be further refined as CMS moves the project through the pilot process. CMS and AHRQ are interested in developing the best tool to measure patient experience of care. The only approach HHS is committed to is the best approach.

The pilot will serve as a laboratory for assessing the draft HCAHPS instrument and survey approach. Results will be used to examine the reliability and validity of the draft measures, test the survey methodology, and identify the items that are most robust for public reporting.

CMS is very interested in public input throughout the pilot testing phase. We plan to issue a number of formal notices in the Federal Register seeking public input as we move forward with the initiative. You can keep current on our progress with HCAHPS by going to [www.cms.hhs.gov](http://www.cms.hhs.gov) and looking for the section on the home page entitled, Measuring Patient's Hospital Care Experiences: Development of a National Standard. This section will provide links to relevant updates. You can provide feedback any time by sending us an e-mail at [hospitalcahps@cms.hhs.gov](mailto:hospitalcahps@cms.hhs.gov). We encourage you to share your thoughts and suggestions with us.

At the end of the pilot process HHS should have a standard, well-tested instrument and methodology for measuring patients' reports of their experience with and ratings of hospital care. All materials will be put in the public domain for use by hospitals or other interested parties.

Following are questions and answers on the status of HCAHPS.

## **BACKGROUND**

**Q. What is the Hospital Patient Experience of Care Survey?**

- A. The Centers for Medicare & Medicaid Services (CMS) is initiating efforts to make comparative performance information on hospitals publicly available. Such information can help consumers make more informed choices when selecting a hospital and can create incentives for hospitals to improve the care they provide. As part of this effort, CMS plans to create a standard instrument and methodology that can be used to collect and report information on hospital patients' experience with the care they receive. While many hospitals collect information on their patients' experience and satisfaction with care, there is no national standard for collecting such information that would allow "apples to apples" comparisons between hospitals. The CMS Hospital Patient Experience of Care Survey, called hospital CAHPS (HCAHPS), will create such a standard.

**Q. How does this fit into the pilot you announced in December?**

- A. The three-state pilot announced in December will be our venue for field testing the draft HCAHPS instrument. The draft instrument will be tested in Arizona, Maryland, and New York and we expect to find how viable and reliable the draft measures are, test the survey methodology, and identify those items that are the most useful for public reporting. At the end of this testing period, we will take the lessons learned and create a final HCAHPS survey instrument to be used for national implementation.

## **HCAHPS INSTRUMENT**

**Q. Hospitals do patient satisfaction surveys now, how is the HCAHPS effort different?**

- A. Many hospitals use patient satisfaction surveys to guide their customer services and related hospital operations, and they are very useful for this. A patient's satisfaction is a function of their experience of care and the expectations they bring to that hospital. HCAHPS is being developed as a survey to measure patients' experience of hospital care. This measurement approach is used because patient expectations can vary dramatically. Measuring a patient's experience of care focuses on capturing patient experience without adding in what care they expected to receive. When comparing hospitals, which is the focus of HCAHPS, we want to provide information that focuses on differences in care not differences in patient expectation.

Currently there is no national standard for collecting such information that would allow "apples to apples" comparisons between hospitals. HCAHPS will create such a standard. Once fully developed and tested, HCAHPS will be a standard for publicly reporting comparative information across hospitals to help consumers make decisions about their health care.

**Q. What is the origin of HCAHPS and why has CMS chosen this approach?**

- A. CMS has partnered with the Agency for Healthcare Research and Quality (AHRQ), another agency in the Department of Health and Human Services, to develop a standard hospital patient experience instrument called HCAHPS. AHRQ is the leader in developing public domain instruments for measuring patient experience of care.

Beginning in 1995, AHRQ and its grantees developed the Consumer Assessment of Health Plans Surveys (CAHPS) to measure patients' experience of care in health plans. Key features of the CAHPS approach include: collaborative approach with the CAHPS team and with other organizations; development of reports of survey results in concert with the development of the questionnaire; inclusion of both reports and ratings of care; emphasis on testing and evaluation, including cognitive testing; reliance on user input; free and open access to standardized instruments; and technical assistance to users. CAHPS is currently used to assess the care provided by health plans covering over 123 million Americans across commercial, Medicaid and Medicare markets.

In 1999, AHRQ and its grantees began to expand the CAHPS efforts to develop surveys to assess nursing homes, providers and provider groups, as well as for people with mobility impairments. At this time, AHRQ dropped the use of the 'Consumer Assessment of Health Plans Survey' title and now uses 'CAHPS' to identify all of the patient experience of care efforts.

The CAHPS approach is accepted as the standard for measuring consumers' experiences within the healthcare system; thus far, it had not addressed patients' experiences within the acute care setting. In 2002 CMS asked AHRQ to use this expertise to develop a standard survey for measuring patients' experience and ratings of care in the hospital setting, and approaches for reporting the results of those surveys to consumers.

CMS and AHRQ are currently engaged in a public process to develop a core set of patient experience of care measures and data collection protocols.

**Q. What has been accomplished so far?**

- A. CMS has partnered with AHRQ to develop the standard HCAHPS instrument and data collection protocol. Since July 2002, AHRQ has published a call for measures in the Federal Register, conducted an exhaustive review of existing literature in the area, met with stakeholders, and conducted cognitive testing with sample survey respondents to develop a draft instrument, and delivered the draft instrument to CMS. This draft instrument has been published in the Federal Register, and we are receiving input on it. CMS has made preparations to test the draft in a three-state pilot project in Arizona, Maryland, and New York, and this pilot begins in March 2003. The pilot will be used to examine the reliability and validity of the draft measures, test the

survey methodology, and identify the items that are the most useful for public reporting.

We have been, and will continue to be, very interested in receiving public input on this work. We published the draft instrument in the Federal Register on February 5 and have already received a number of very useful suggestions. Later in March we will publish another Federal Register notice, requesting further comments on this draft. This comment period will extend for 60 days to be sure all interested parties have the chance to give us their thoughts. We fully expect that the final survey instrument will change after the pilot test is completed and additional public comments are received. The final, revised instrument will be published in the Federal Register to seek even more input. Additionally, we will also solicit, via Federal Register notices, input on our implementation strategy.

**Q. What vendor are you using to do the pilot testing in the 3 state pilot?**

A. For the pilot, we have chosen a single vendor without hospital experience to avoid any potential conflicts of interest. This vendor will be responsible for conducting the mail and telephone interviews; however, this vendor will not be responsible for any of the data analysis. The data will be forwarded to AHRQ and the CAHPS grantees for analysis. NORC is the contractor that was selected through a competitive process.

**Q. Will the final HCAHPS be modeled after any existing commercial survey?**

A. No, the survey is not modeled after any one existing commercial survey. AHRQ is developing the HCAHPS survey. It drew upon seven surveys submitted by vendors, a comprehensive literature review, and earlier CAHPS work to develop the draft HCAHPS instrument. In instances when AHRQ drew upon items in existing surveys from vendors, it made material changes modifying wording and changing the response sets. The draft instrument reflects the CAHPS design principles and closely resembles other CAHPS surveys developed over the years. We want to be very clear - this instrument reflects many different inputs and will be further refined through the pilot process. We are interested in developing the best tool to measure patient experience of care.

AHRQ used as a starting point eight domains of care. These domains will be tested with consumers and hospitals to assess their importance to them. In addition, the psychometric analysis of the Pilot Test data will direct us in determining the best configuration of domains to use. We anticipate that the final instrument will include a changed and reduced set of domains.

**Q. How and when can I give feedback on this initiative and draft instrument?**

A. We are currently going through a Paperwork Reduction Act clearance process to get approval by the Office of Management and Budget to pilot the current version of the instrument. As part of this process, a Federal Register Notice was published on

February 5 with a 10-day comment period to get feedback from the public. We will be publishing a second Federal Register Notice at the end of March/beginning of April on the draft instrument to get additional feedback on the instrument. As the instrument is revised, there will be additional Federal Register Notices soliciting public comment. Additionally, we will also solicit, via Federal Register notices, input on the implementation strategy.

You can keep current on our progress with HCAHPS by going to [www.cms.hhs.gov](http://www.cms.hhs.gov) and looking for the section on the home page entitled, Measuring Patient's Hospital Care Experiences: Development of a National Standard. This section will provide links to relevant updates. You can provide feedback any time by sending us an e-mail at [hospitalcahps@cms.hhs.gov](mailto:hospitalcahps@cms.hhs.gov). We encourage you to share your thoughts and suggestions with us.

**Q. The current instrument is very long. Will it change and will it become shorter?**

A. The draft HCAHPS will be tested this spring as part of a CMS three-state hospital pilot (Arizona, Maryland, New York). The pilot test version is probably longer than the final version will be. One purpose of the pilot test is to evaluate items. They can not be evaluated if they are not included. The draft instrument reflects comments and input we have received in a variety of public meetings and from technical experts. The draft instrument will be further refined as we move through the three-state pilot project. We anticipate that the draft instrument will go through many changes as a result of the pilot test as well as all of the cognitive testing we will be conducting. We fully expect the final instrument to be shorter.

**Q. How will the final survey be implemented?**

A. We are still thinking through the implementation strategies. We will be working with the hospital and vendor industries to determine how to implement the survey to achieve our public reporting goal in the most effective manner. We will be seeking formal input on our implementation strategy via Federal Register notices.

**Q. Should hospitals act now to change their approach to getting patient feedback?**

A. We do not recommend that hospitals act until the HCAHPS instrument and implementation strategy are finalized. Because the draft instrument is still in the test phase, and we expect the final instrument will be at least somewhat and possibly significantly different, we urge hospitals not to use it to survey their patients. In particular, we anticipate that the final survey instrument will be shorter than the instrument we are currently testing.

It is important to remember that this instrument – and the program itself – is still in the testing stages and will not be fully operational until we have reviewed and included the feedback we are requesting.

## **NATIONAL IMPLEMENTATION**

**Q. How will HCAHPS national implementation impact current hospital survey efforts?**

- A. We anticipate that there will be multiple survey vendors, including the current survey vendors, who will be able to administer HCAHPS by following standard survey, sampling and administration specifications. HCAHPS can be seen as a core standard survey, to which hospitals and survey vendors will be able to add a broader set of questions. The core standard HCAHPS survey will be shorter than the current draft survey that is being piloted. HCAHPS is designed to produce data for comparative public reporting to support consumer choice. It should complement, not replace, data currently collected that support improvement in internal hospital customer services and related activities.

**Q. Will HCAHPS be administered by phone or mail?**

- A. For national implementation, CMS is considering some flexibility regarding survey administration (e.g., whether the survey is completed by phone or mail). Current CAHPS surveys are administered by mail with telephone administration to nonrespondents. This approach produces the highest response rates for the cost. As part of the pilot test we are administering the survey using the standard CAHPS approach. We will conduct additional tests evaluating mode of administration. We need to meet our basic goal of producing data that will allow fair and meaningful comparisons between hospitals, and if this testing shows a way to allow phone survey results to be comparable to mail survey results, we anticipate either mode will be allowed. We will share more information on this testing as it proceeds. CMS is open to exploring other options for administration of the survey.

**Q. What will be the roles of hospitals/vendors and the government in the national implementation of HCAHPS?**

- A. There will be distinct roles for hospitals/vendors and the government in the national implementation of HCAHPS. Hospitals/vendors will be responsible for data collection, including: developing a sampling frame of relevant discharges, drawing the sample of discharges to be surveyed, collecting survey data from sampled discharges, and submitting HCAHPS data to CMS in a standard format. The government will be responsible for support and public reporting, including: providing technical assistance, ensuring the integrity of data collection, accumulating data from individual hospitals, producing risk-adjusted hospital-level estimates, conducting research on the presentation of data for public reporting, and publicly reporting the comparative hospital data.

**Q. How will the HCAHPS data be reported?**

- A. The HCAHPS data will be reported on CMS's www.medicare.gov web site. The reporting tool likely will be fashioned after the tools for presenting comparative data in other health care sectors that are currently available on www.medicare.gov (see Medicare Health Plan Compare and Nursing Home Compare as examples). These tools present consumer-friendly descriptions of what the measure is, why it is important, and how to understand the data presented. The data (typically rates or percentages) for each provider identified by the user's search criteria are displayed in a horizontal bar graph, along with national and state averages.

When the final measures in the core HCAHPS instrument are identified, AHRQ will conduct several rounds of research with consumers to identify the best way to describe the data in a clear, simple, and meaningful way.

## OTHER QUESTIONS

**Q. When do you expect to have the HCAHPS standard developed?**

- A. We are looking at the following dates in our timeline to having the HCAHPS standard completed (opportunities for public input are highlighted):

<u>Activity</u>	<u>Date</u>
<u>Develop HCAHPS Standard:</u>	
<i>Public call for measures completed</i>	<i>October, 2002</i>
Review of existing literature completed	November, 2002
<i>Stakeholder input</i>	<i>November, 2002</i>
Instrument for pilot drafted	December, 2002
Cognitive testing of draft pilot instrument completed	December, 2002
Revised instrument for pilot completed	January, 2003
Data collection protocol for pilot testing completed	January, 2003
Survey vendor for pilot acquired	February, 2003
<i>Federal Register notice requesting input on draft instrument</i>	<i>February 5, 2003</i>
<i>Public comment on draft instrument (as part of PRA clearance)</i>	<i>Feb 10-20, 2003</i>
<i>Second Fed. Reg. notice requesting input on draft instrument</i>	<i>March 2003</i>
<i>Second public comment period on draft instrument</i>	<i>April -May, 2003</i>
Hospital recruitment for pilot completed (3 states)	March, 2003
Survey materials produced for pilot, CATI programming completed	March, 2003
Sampling frame of discharges from pilot hospitals created	March, 2003
Sample of discharges to be surveyed in pilot drawn	March, 2003
Survey field operations for pilot completed	May, 2003
Analytic file creation for pilot and data cleaning completed	May, 2003
Analysis of pilot data completed	June, 2003
Standard instrument and data collection protocol drafted	July, 2003
Cognitive testing of draft standard instrument completed	July, 2003

<i>Fed. Reg. notice requesting input on draft standard instrument</i>	<i>August, 2003</i>
<i>Public comment on draft standard instrument</i>	<i>August, 2003</i>
Standard instrument and protocol finalized	September, 2003

Develop plan for national implementation:

<i>Federal Register Notice requesting input on implementation options</i>	<i>March, 2003</i>
<i>Public input on implementation options</i>	<i>April- May, 2003</i>
Panel review of public input	June, 2003
Draft implementation strategy completed	July, 2003
<i>Fed. Reg. Notice requesting input on implementation strategy</i>	<i>August, 2003</i>
<i>Public comment on draft implementation strategy</i>	<i>August, 2003</i>
National implementation strategy finalized	September, 2003

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